

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason S. Mitchell M.D.

Mailing Address 1748 Primrose Lane

City
Glenview

State
IL

Zip Code
60026-7766

FEC ID number of contributing
federal political committee.

C

Name of Employer
northshore university healthsystem

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2013

Transaction ID : C1914526

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John S. Mitchell M.D.

Mailing Address 1200 E Michigan Ave Ste 370
1200 E Michigan Ave Ste 370

City
Lansing

State
MI

Zip Code
48912-1897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physician Anesthesia Service

Occupation
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 02 / 2013

Transaction ID : C1890791

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Partha S. Mookerjee M.D.

Mailing Address 1200 E Michigan Ave Ste 370

City
Lansing

State
MI

Zip Code
48912-1897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physician Anesthesia Service, PC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 02 / 2013

Transaction ID : C1890778

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►